

Wellesley Recreation Department  
Annie F. Warren Building  
90 Washington Street  
Wellesley, MA 02481

Office: 781-235-2370  
Fax: 781-237-3558

One Camper Per Form - *Please Print*

CIRCLE ONE: **CAMP JOEY**  
Ages 5-8

**CAMP QUEST**  
Ages 9 - 13

**PROJECT EXTREME**  
Ages 13 & 14

RT ☐ For Office Use J ☐ Q ☐

Sessions:
Paid In Full:
Form Received:
X Day:

CAMPER'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ HOME # \_\_\_\_\_

CAMPER'S AGE (as of July 1) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**DEPOSIT: \$50 PER SESSION / \$25 PER SINGLE WEEK**

**Camper's T-Shirt Size:** \_\_\_\_\_

**BALANCE IS DUE BY JUNE 15 WITH EMERGENCY INFORMATION - HEALTH FORM**

**CANCELLATION FEE:** \$50 for withdrawal or switch from two or more weeks / \$25 for single week

For you records - WELLESLEY RECREATION TAX ID#: E-046-001-343

**PAYMENT INFO: VISA OR MC # :** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

or payable by check to Town of Wellesley

*Please check if OK to change balance* ☐

**TO REGISTER:**

**CIRCLE SESSION(S) &/OR INDICATE DATES**

For Office Use Only - DO NOT WRITE IN THE SECTIONS BELOW

	Camper #	Cost	Payment Information / Date Paid
Session 1			TOTAL DUE
Session 2			less DEPOSIT
Session 3			BALANCE DUE
Session 4			
Single Week:			
Single Week:			
Single Week:			
Single Week:			